

Page    of   

[ ] Original [ ] Supplemental

Atty. Doctet: \_\_\_\_\_

**Combined Declaration for Patent Application and Power of Attorney**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; and that I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled METHOD FOR REPRODUCING IN VITRO THE RNA-DEPENDENT RNA POLYMERASE, the specification of which (check one) [ ] is attached hereto;

[ ] was filed in the United States under 35 U.S.C. §111 on \_\_\_\_\_, as USSN \_\_\_\_\_ \*; or  
 [X] was/will be filed in the U.S. under 35 U.S.C. §371 by entry into the U.S. national stage of an international (PCT) application, PCT/IT96/00106, filed 24 May 1996, entry requested on \_\_\_\_\_ \*; national stage application received USSN \_\_\_\_\_ \*;  
 §371/§102(e) date \_\_\_\_\_ \* (\*if known),

and was amended on \_\_\_\_\_ (if applicable)

(include dates of amendments under PCT Art. 19 and 34 if PCT)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above; and I acknowledge the duty to disclose information which is material to the examination of this application in accordance with 37 C.F.R. § 1.56(a).

I hereby claim foreign priority benefits under 35 U.S.C. §§ 119, 365 of any prior foreign application(s) for patent or inventor's certificate, or prior PCT application(s) designating a country other than the U.S., listed below with the "Yes" box checked and have also identified below any such application having a filing date before that of the application on which priority is claimed:

<u>RM95A000343</u>	<u>ITALY</u>	<u>25 May 1995</u>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
(Number)	(Country)	(Day Month Year Filed)	[ ]	[ ]
(Number)	(Country)	(Day Month Year Filed)	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
(Number)	(Country)	(Day Month Year Filed)	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

I hereby claim the benefit under 35 U.S.C. § 120 of any prior U.S. Application(s) or prior PCT Application(s) designating the U.S. listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in such U.S. or PCT application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose material information as defined in 37 C.F.R. §1.56(a) which occurred between the filing date of the prior application and the national filing date of this application:

(Application Serial No.)	(Day Month Year Filed)	(Status: patented, pending, abandoned)
(Application Serial No.)	(Day Month Year Filed)	(Status: patented, pending, abandoned)

I hereby appoint the following attorneys, with full power of substitution, association, and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

SHERIDAN NEIMARK, REG. NO. 20,520 - ROGER L. BROWDY, REG. NO. 25,618 - ANNE M. KORNBAU, REG. NO. 25,884  
 NORMAN J. LATKER, REG. NO. 19,963 - IVER P. COOPER, REG. NO. 28,005 - A. FRED STAROBIN, REG. NO. 18,453  
 ALLEN C. YUN, REG. NO. 37,971\* NICK S. BROMER, REG. NO. 33,478\* - \* Patent Agent

ADDRESS ALL CORRESPONDENCE TO: BROWDY AND NEIMARK 419 Seventh Street, N.W. Washington, D.C. 20004	DIRECT ALL TELEPHONE CALLS TO: BROWDY AND NEIMARK (202) 628-5197
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I hereby further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. §1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF SOLE OR FIRST INVENTOR <u>DE FRANCESCO Raffaele</u>	INVENTOR'S SIGNATURE <u>Raffaele De Francesco</u>	DATE <u>21/11/97</u>
RESIDENCE <u>Rome ITALY</u>	CITIZENSHIP <u>ITALIAN</u>	
POST OFFICE ADDRESS <u>Via Devich 46 I-00146 Rome ITALY</u>		
FULL NAME OF SECOND JOINT INVENTOR <u>TOMEI Licia</u>	INVENTOR'S SIGNATURE <u>Licia Tomei</u>	DATE
RESIDENCE <u>Rome ITALY</u>		

Please type a plus sign (+) inside this box →

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## REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	08/952,981
Filing Date	March 23, 1998
First Named Inventor	De Francesco
Group Art Unit	1653
Examiner Name	Stole, E.
Attorney Docket Number	IT0002P

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

A Power of Attorney or Authorization of Agent is submitted herewith.

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Please change the correspondence address for the above-identified application to:

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I am the:

Applicant.

Assignee of record of the entire interest  
*Certificate under 37 CFR 3.73(b) is enclosed*

### SIGNATURE of Applicant or Assignee of Record

Name

Dr. Giovanni Galfré

Signature

Date

October 3, 2000

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**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT,  
NOT ACCOMPANYING  
APPLICATION**

Application Number	08/952,981
Filing Date	March 23, 1998
First Named Inventor	De Francesco
Group Art Unit	1653
Examiner Name	Stole, E.
Attorney Docket Number	IT0002P

I hereby appoint:

Practitioners at Customer Number

*OR*

Practitioner(s) named below:

Name	Registration Number
Sheldon O. Heber	38,179
Jack L. Tribble	32,633

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

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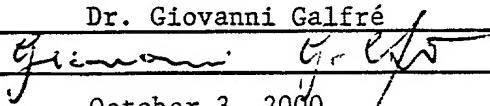
<input checked="" type="checkbox"/> Firm or Individual Name	Merck & Co., Inc.			
Address	126 E. Lincoln Avenue			
Address	P. O. Box 2000			
City	Rahway	State	N.J.	ZIP 07065-0907
Country	U.S.A.			
Telephone	732-594-1958	Fax	732-594-4720	

I am the:

Applicant.

Assignee of record of the entire interest  
*Certificate under 37 CFR 3.73(b) is enclosed*

**SIGNATURE of Applicant or Assignee of Record**

Name	Dr. Giovanni Galfré
Signature	
Date	October 3, 2000

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